



## PART B - FEE(S) TRANSMITTAL

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00136 7590 03/09/2006  
**JACOBSON HOLMAN PLLC**  
400 SEVENTH STREET N.W.  
SUITE 600  
WASHINGTON, DC 20004

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)

(Signature)

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/922,861	08/07/2001	Dae Yon Kwak	P67013US0	8532

TITLE OF INVENTION: INTERLEAVING METHOD FOR SHORT BURST ERROR CORRECTION IN HIGH DENSITY DIGITAL VERSATILE DISK

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/09/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
SHIBRU, HELEN	2616	386-114000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>JACOBSON HOLMAN PLLC</u> 2 _____ 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**DAEWOO ELECTRONICS CORPORATION**

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Seoul, KOREA**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

Issue Fee (1400)  
 Publication Fee (No small entity discount permitted) (300)  
 Advance Order - # of Copies \_\_\_\_\_

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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1358 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature J. Holman

Date 06/09/2006

Typed or printed name John C. Holman

Registration No. 01-FC-150122,769

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